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Clandestino: Latino Youth and Mental Health and Art as an Outlet for One's Emotions

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Running head: CLANDESTINO: LATINO YOUTH AND MENTAL HEALTH

Clandestino: Latino Youth and Mental Health and Art as an Outlet for One's Emotions

Jessica DeAlmeida

Merrimack College

2018

MERRIMACK COLLEGE

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OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF EDUCATION

IN

COMMUNITY ENGAGEMENT

CAPSTONE TITLE: Clandestino: Latino Youth and Mental Health and Art as an Outlet for
One's Emotions

AUTHOR: Jessica DeAlmeida

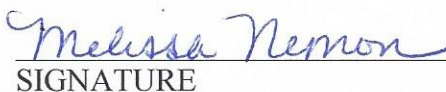
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May 11, 2018
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Abstract

According to Lawrence Public Schools (2017), 64.9% of students are economically disadvantaged, meaning that many of these students may not be receiving the mental health treatment they need. For this project, a facilitate discussion on mental health and art as an outlet for one's emotions occurred at Elevated Thought, a youth and social justice organization in Lawrence, Massachusetts. Altogether, the discussion brought up four themes: 1) Community & Institutions, 2) Lack of Access, 3) Mistrust & Stigma, 4) Art & Self. Through creative dialogue, the youth involved successfully reflected on their understanding of mental health, the stigma behind it, and how art can act as a positive outlet for emotions, primarily as a substitution for positive relationships with adults that they lack.

Executive Summary

According to Lawrence Public Schools (2017), 95.5% of the students identify as non-white, 92.2% identifying as Hispanic/Latino. Of those, 64.9% of Lawrence Public School students are economically disadvantaged, meaning that many of these students, most of whom are Latino, may not be receiving the mental health treatment they need.

Through a facilitated discussion in collaboration with Elevated Thought, a youth and social justice organization in Lawrence, the purpose of this project was to empower youth through a creative dialogue to address their understanding and perceptions of mental health overall and in the Lawrence community. Furthermore, this project sought out to unveil how youth utilize art as an emotional outlet to address the manifestations of clandestine, or secret, emotions, thoughts, and fears that they would not otherwise not express. Lastly, this project also consisted of a collaborative art project where Elevated Thought artists created a piece based on the themes and words that emerged throughout the discussion.

Altogether, the discussion brought up four themes: 1) Community and Institutions, 2) Lack of Access, 3) Mistrust and Stigma, 4) Art and Self. Through creative dialogue, the youth involved successfully reflected on their understanding of mental health, the stigma behind it, and how art can act as a positive outlet for emotions, primarily as a substitution for positive relationships with adults that they lack. Creating and strengthening the youth community of Lawrence through honesty and empathy, this event worked to examine the knowledge and culture of mental health, ultimately allowing various youth organizations in the city to determine the true needs of this population.

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Clandestino: Latino Youth and Mental Health and Art as an Outlet for One's Emotion

For as long as anyone can remember, people who are considered different than the norm have been oppressed. Whether they have a different colored skin, language, or sexual preference, minorities have consistently been ignored and viewed as less than throughout history. With subordination, the thoughts and feelings of minorities often become *clandestine* or kept secret. Mental health has proven to be a topic of extreme relevance in today's society, with an increasing number of individuals being diagnosed with mental illnesses. Unfortunately, mental health concerns are seldom addressed in oppressed and underprivileged communities.

When examining cities in Massachusetts such as Boston or Lawrence, high crime and poverty rates are generally the first of topics to arise. In schools, administrators are implementing zero-tolerance policies, with minorities being heavily overrepresented among those with the harshest sanctions (Wald & Losen, 2003). There is this widespread idea that, if we become stricter, more disciplinary, then perhaps the crime will decrease. The measures that are being taken regarding crime are not only reactive but are also extremely ineffective. For a problem to be adequately solved and cease to exist, the source or reasoning behind it all must be addressed. Instead of adding punishments, the focus needs to be on the cause, ensuring that the issue does not persist.

In low-income communities, children and families are more likely to experience some sort of trauma caused by issues such as food insecurity, violence, drug abuse and other experiences that come with living in an underprivileged area (Meyer, 1995). Moreover, there is an increased presence of "minority stress," which is defined as the psychological stress that develops as a result of simply being a part of a minority group (Meyer, 1995). This stress is

chronic and is related to stigmatization and the overall conflicts between the minority group and the dominant culture (Meyer, 1995).

Being a minority in the United States is usually associated with being an “at-risk” youth, due to the great relationship between being a minority and experiencing risk factors such as poverty, language barriers, living in communities that lack resources, and more. While a plethora of injustices and struggles can be dealt with through increased state funding and attention in these areas, the quantity that is invested will not have the effect it should if the quality of care is not altered as well. The preconceived notions that are deeply rooted in our nation’s institutions are extremely harmful to minorities and merely put youth who would be considered “at-risk” further behind if they are a minority. The only way that we can end the cycles of poverty and crime is to address the problem at its core, preventing issues from progressing into mental health concerns by caring for our nation’s children.

For many minority groups, there is a history of oppression in the field of medicine, rooting deeply in a large number of medical experimentation that Latinos, African Americans, and Native Americans have experienced. More specifically, African Americans feel negatively toward the idea of receiving mental health treatment due to the history of falsified insanity cases (Suite, La Bril, Primm, & Harrison-Ross, 2007). For example, African American slaves who would try to fight for their freedom and disobey their owners were often diagnosed with *drapetomania*, an illness that was created to explain this “uncontrollable urge” the slaves had to be free (Suite et. al., 2007).

Similarly, Latinos are often hesitant to receive mental health advice, whether it be for themselves or their children, due to the inherent biases that medical practitioners often have regarding their culture (Ayon et. al., 2010). These biases that medical practitioners often have

about minorities simply perpetuate the missing connection between cultural competency and public health. Without understanding and respecting the diversity of the population that they are serving, medical practitioners are not providing equitable service to these communities.

For this project, the community that will be the targeted audience is Lawrence, Massachusetts, a city that is known for its diversity and great Latino community. It is estimated that 61 million of the population in the United States will be made up of Latinos, which is considered to be the fastest growing racial group in the country (Lopez, 2002). With that having been said, the importance of addressing mental health in underprivileged communities is paramount.

By avoiding mental health and not looking at it through a public health lens, the local and national community is at risk of an increasing number of mental illnesses, suicides, crime, drug abuse, and more (Lopez, 2002). With this community expanding throughout the country more than it ever has, the United States is bound to suffer a great deal of economic and social consequences if the mental health of minorities is not approached with cultural competency and as the public health concern that it is.

In addition to mental health being an issue of great importance overall, it is crucial for us to implement early intervention techniques to address the concern as early as possible. According to the National Institute of Mental Health, about one in five children have experienced a mental disorder at some point in their life. A 2010 study found that 49.5% of adolescents in the United States met the criteria for a mental health disorder, with 22.2% of them experiencing severe impairment or distress (National Institute of Mental Health, 2017).

Through a facilitated discussion in collaboration with Elevated Thought, an art and social justice Lawrence-based organization that actively serves and develops communities through

youth empowerment curriculum, the purpose of this project was to empower youth through a creative dialogue to address their understanding and perceptions of mental health overall and in the Lawrence community. Furthermore, this project sought out to unveil how youth utilize art as an emotional outlet to address the manifestations of clandestine, or secret, emotions, thoughts, and fears that they would not otherwise not express. Lastly, this project also consisted of a collaborative art project where Elevated Thought artists created a piece based on the themes and words that emerged throughout the discussion. Creating and strengthening the youth community of Lawrence through honesty and empathy, this event will work to examine the worries and culture, allowing Elevated Thought and other youth organizations in the city to determine the true needs of this population.

Literature Review

Research has shown that there is no one population where mental health conditions do not exist (Singh & Burns, 2006). Regardless, there is an overwhelming sense of mistrust that minority groups tend to feel towards medicine (Suite et al., 2007), thus acting as a major barrier between these communities and the healthcare they need. This history revolves around the great amount of medical experimentation that minority groups have dealt with in the past, including sterilization abuses and higher rates of falsified insanity cases (Suite et al., 2007).

Unfortunately, this pattern of unethical medicinal treatments of minorities prevails across borders. In European countries such as England and Wales, there is a long history of minorities being wrongfully institutionalized or detained because their behavior was seen as “bizarre,” rather than a simple cultural difference (Singh & Burns, 2006). Even in cases where there was

truly a disorder, the psychiatric reasoning was almost always racial and not psychological or medical (Singh & Burns, 2006).

In regard to Latinos and mental health, the “Puerto-Rican Syndrome” became a prominent diagnosis in 1955, a disease with a description varied greatly by the patient and practitioner but was undoubtedly a label that puts a specific group of people in a bubble (Suite et al., 2007). The “Puerto-Rican Syndrome” derives from *ataques de nervios*, which translates to “attacks of nerves” and was commonly misconstrued as panic attacks (Guarnaccia, DeLaCancela & Carrillo, 1989). In later years, anthropologists and Latino mental health professionals reinterpreted the phrase *ataques de nervios* as “an expression of anger and grief resulting from the disruption of family systems, the process of migration, and concerns about family members in peoples’ countries of origin” (Guarnaccia et al., 1989).

In addition to the erroneous diagnoses and reprehensible medical treatments, there are various policies in place that terrorize minorities and further hinder access to culturally appropriate health care (Hatzenbuehler, Prins, Flake, Philbin, Frazer, Hagen, & Hirsch, 2017). For example, the passage of the Senate Bill 1070 in Arizona that is widely known to authorize police officers to verify the immigration status of any individual they suspected to be undocumented. Following the passage of this bill, there was a notable increase and impact on the mental health of minorities, including increased anxiety, depression, stress and isolation (Hatzenbuehler et al., 2017). Further, various immigrant groups may experience internal conflicts as they are assimilating and simultaneously marginalized (Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

Lastly, research has shown increasing rates of emergency room visits by youth with mental health needs, but consistent problems in access to and affordability of care among people

with mental health functional limitations (Glier, 2012). Low-income children are slightly more likely to have reported mental health needs than higher-income children, and their families are more likely to experience difficulties in paying for mental health care for their children (Glier, 2012). More specifically, Latino households with a child were more likely to report having difficulty in affording mental health medication in 2006 (Glier, 2012).

The Issue: Latino Youth and Mental Health

Between 1996 and 2004, roughly 50-80% of youth with identified mental health needs did not receive services to address these needs (Kim, Lau, & Chorpita, 2015). These youth were most likely ethnic minority youth and were also more likely to discontinue treatment if they had even started it, in comparison to non-Hispanic whites (Kim, et al., 2015). Being in an environment where youth do not feel welcome can be enough to impact their health. Many studies have shown that perceived discrimination is associated with a decline in physical and mental health, substandard access to healthcare, thus leading to damaging health behaviors (Viruell-Fuentes et al., 2012).

In one study, less than 25% of all participants knew of mental health resources for Latino youth in their community (Garcia, Gilchrist, Vazquez, Leite, & Raymond, 2010). Not only is it important for individuals and families to know where the resources are located, it is also paramount to utilize the youth of that community to develop programs that will be beneficial for them. Using a Community-Based Participatory Research approach, youth participating in a focus group anticipated that Latino youth would not be receptive to traditional depression prevention initiatives (Ford-Paz et al., 2015).

Issues to Consider

Acculturation

One of the major topics studied in relation to Latinos and mental health is acculturation, which occurs when “different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups” (Redfield, et al., 1936).

Acculturation, as well as the experience of migration, affect the generation that migrated and the generation after. In addition, acculturation is associated with higher rates of delinquency, substance and alcohol use, risky sexual behavior, and depression, anxiety (Lawton & Gerdes, 2014). Further, the likelihood of foreign-born youth to engage in risky behavior increased with time spent in the United States (Rubens, Fite, Gabrielli, Evans, Hendrickson, & Pederson, 2013).

Lack of Access

In the event that Latino youth receive mental health treatment at a point where it is still preventative, the Latino community is often turning to community clinics than traditional institutions where they may receive quality and specialized treatment (Parra-Cardona, DeAndrea, Parra-Cardona, & DeAndrea, 2016). One of the main reasons why Latinos as a group are not receiving the mental health care or turning to other resources that may not provide expert care, such as community clinics, is due to financial hardships. Approximately 25% of Latinos live below the poverty line and impoverished communities generally lack resources that promote wellness (Lawton & Gerdes, 2014). In fact, 18% of Latinas/os have felt disrespected because they couldn't pay, speak English or simply because they were of color (Suite et al., 2007), further perpetuating the internalization of mental health concerns so that they could avoid such situations.

Internalization and Social Anxiety

Internalized stigma has been defined various times as the acceptance of a set of norms and values. In other words, the internalization of mental illnesses is the act of becoming aware of the label and identifying with the stereotypes, shame, blame, hopelessness, guilt, and fear of discrimination associated with mental illness (Pyle, Stewart, French, Byrne, Patterson, Gumley, Birchwood & Morrison, 2015). With adolescence comes with self-awareness and abstract thinking regarding the thoughts and feelings of others other people's thoughts and feelings (Rosso, Young, Femia, & Yurgelun-Todd, 2004). Moreover, adolescence brings more social self-consciousness, and worry more about what other people are thinking about you, thus opening new vulnerabilities in some adolescents, making it more difficult for them to disclose intimate information (Rosso et al., 2004).

Risk and Protective Factors

Some risk factors that youth of color may experience include: being female, having poor social skills, or having a familial history of a mental disorder (Youth.gov, 2017). Also, having experienced a history of trauma where either violence, neglect, or any form of abuse was present (Youth.gov, 2017). Minority youth experience trauma on a greater level than other youth, as minority communities are more likely to be in low-income areas that are associated with higher crime rates and fewer resources. In addition, risk factors such as substance use, antisocial behavior, and difficult temperament are also associated with mental health disorders (Youth.gov, 2017).

In addition, there is also an increasing presence of “minority stress.” The term “minority stress” can be defined as the psychological stress that develops as a result of simply being a part of a minority group. This stress is chronic and is related to stigmatization and the overall

conflicts between the minority group and the dominant culture (Meyer, 1995). The article describes the Social Reaction Theory, which explains that deviance from a dominant culture often leads to a negative social reaction, which then leads to the development of adaptive and maladaptive responses or coping mechanisms. This is extremely important because it is often the reasoning behind the development of self-hate, ingroup aggression, rebellion, and many more negative responses. Further, as a result, a great deal of internalization occurs within minorities and they subconsciously begin to learn and assimilate to the stereotypes and prejudices held against them. Overall, the article determined that negative regard for others is positively correlated with negative self-regard and thus leads to minority stress among all minorities.

On the other hand, some protective factors that lower the risk of minority youth experiencing a mental health disorder include having a structure within their families, having a high self-esteem and also having a presence of mentors and support for the development of their skills and interests (Youth.gov, 2017). Among Latino families, having a strong sense of *familismo* is associated with being less likely to experience a mental health disorder.

Focusing on Latino families, a study conducted in 2010 examined how discrimination and *familismo* affected the internalization of mental health symptoms. *Familismo* is described in the article as “strong ties to immediate and extended family members,” these ties influencing the majority of Latinos, regardless of if they are United States natives or immigrants and regardless of how long they have been living in the United States (Ayón et al., 2010). This study was conducted with an ecological perspective, specifically viewing the interactions among the different levels and systems (Ayón et al., 2010). What the study found was that when there was a high presence of a sense of *familismo*, there was a lower number of internalized symptoms,

however, there was always some sort of “acceptance” towards perceived discrimination (Ayón et al., 2010).

In addition, *familismo* can include parental attitudes toward their children receiving mental health treatment. Brown et al. (2007) conducted a study in 2010 among white, Hispanic, and African American families, specifically examining if race and ethnicity played a role on parental attitudes on their child receiving mental health treatment and, if so, how. The method of this study was using a questionnaire where parents were asked various questions, including those about their confidence in mental health treatment and the accessibility of it (Brown et al., 2007). Interestingly enough, Hispanic parents were more accepting of their children receiving medication as a mental health treatment, as well as therapy (Brown et al., 2007). African American parents, in contrast, while their results were similar to the Hispanic parents regarding therapy, they were significantly less likely to approve the medication for their children as a treatment (Brown et al., 2007). It is obvious that the attitudes of the parents of minority children can play an incredible role in either being a risk factor or protective factor.

Intersectionality

The term *minority* itself has many definitions, as it can refer to subordinate groups such as racial minorities, people with disabilities or the LGBTQ community (Bowleg, 2012). There is an incredible need for an intersectional approach in healthcare, partially due to the lack of quantitative research conducted on the matter (Seng, La Bril, Primm, & Harrison-Ross, 2014). *Intersectionality* is a term used to describe the converging effects of race, class, gender, and other marginalizing characteristics that comprise one’s social identity and affect their health (Seng, et al., 2014). When an intersectional approach is lacking, patients may feel a conflict among their various identities. In one study, a Mexican-American patient with a mental illness felt a

connection with her female provider, however, claimed to feel a “dissonance” when her provider overtly ridiculed a Mexican-American, gay client (Holley, Tavassoli, & Stromwall, 2016). This provider thus reflected as both racism and heterosexism -- a clear intersection between one’s race and sexual orientation (Holley et al., 2016).

Anonymity as a Tool for Mental Health

Latino youth are more likely to internalize symptoms of mental health concerns and, for this reason, their entry into the healthcare system is commonly because of an emergency (Ford-Paz et al., 2015), as ethnic minority children and adolescents had lower odds of pre-crisis mental health treatment (Snowden, Masland, Fawley, Wallace, 2009). Mental health crises include “physical threats or committing other acts of aggression, exhibiting oppositional conduct and defiance reaching unmanageable proportions, having suicidal thoughts or making suicidal gestures (Snowden et al., 2009). Suicide attempts, which are the most common reasons youth visit the psychiatric emergency room (Snowden et al., 2009), are now the second leading cause of death among adolescents (National Center for Health Statistics, 2017).

Having an anonymous platform for youth to share in a safe space may be an effective tool to provide mental health care before the adolescent reaches a period of crisis. A major challenge in regard to raising mental health awareness for community organizations and schools alike is developing interventions that are both effective *and* acceptable to adolescents (Kenny, Dooley, & Fitzgerald, 2016).

Concerns regarding anonymity are many, especially with a delicate community such as youth. For one author, anonymity goes against social justice as a whole as it dismisses honesty as a core value. Being anonymous prevents accountability, which is what social justice requires

(Davenport, 2002). Further, online anonymity, in particular, can be used for criminal activity, or offensive and disruptive communication (Palme, 2002).

Conversely, there are many more advantages to using anonymity as a tool and approach for mental health awareness in Latino youth. Latino youth are nearly twice as likely to use social media platforms, with 16% of Latino youth using anonymous sharing or question platforms compared with 9% of whites (Madden, Lenhart, Duggan, Cortesi, & Gasser, 2013). When individuals are anonymous, they are able to discuss any experiences or emotions, especially those that they may not feel comfortable disclosing with someone they know (Davenport, 2002). Literature in social psychology indicates that this anonymous disclosure is appealing to youth because they do not have to worry about risks such as rejection, reduction of their autonomy and personal integrity, loss of control or self-efficacy, and/or the possibility of hurting others (Kang, Dabbish, & Sutton, 2016). Finally, anonymity grants individuals a space that equalizes participation in a way that provides room for freedom and honesty (Kang et al., 2016), also a space where factors such as age, status, gender, sexual orientation, and more, do not affect how others will respond (Palme, 2002).

Art as a Medium of Self-Expression

By fostering a safe means of expression, empowerment, and creativity art has proven to promote mental wellness in adults and youth alike (Miner-Romanoff, 2016). Research has shown that youth who are traumatized by violence, family incarceration, and domestic violence greatly benefit from art programs (Miner-Romanoff, 2016). Youth, in general, tend to have difficulty expressing themselves (Coholic, 2011); however, youth with identified needs often struggle focusing on and articulating their thoughts, and remaining grounded in the present moment (Coholic, 2011). In most cases, youth in need lack many characteristics that resilient youth may

possess, such as “positive self-concept/esteem, self-awareness, hopefulness/optimism, emotional expression, emotional management in stressful situations, and interpersonal problem-solving skills (Coholic, 2011).

Communicating through art is an alternative and effective approach to discussing mental health with youth, as creative arts offer a different way of thinking, one that might not be available in other disciplines (Forrest-Bank, Nicotera, Bassett, & Ferrarone, 2016). Art enables youth to meditate on and reason with their experiences, allowing them to share aspects of their story that are enigmatic and otherwise difficult to disclose in a safe environment (Walls, Deane & O'Connor, 2016).

In one study using art therapy with children and their families, participants reported improved abilities to comprehend and cope with their feelings (Coholic & Eys, 2016). Participants also reported improved self-esteem and an improved ability to pay attention and focus (Coholic & Eys, 2016). McGlasson (2012) states,

“Adolescents may be drawn to this as a less verbal alternative to exploring their personal issues. One of the chief therapeutic benefits of art therapy is that, through the use of imagery and metaphor, the youth is able to separate or distance her or himself from the problem or issue. It also creates a deeper, richer description of the adolescent’s struggles for the therapist to understand and empathize with.” (p. 19)

Using Art and Anonymity as an Approach to Mental Health

Anonymous programming can be brought into existing youth programming through the arts. One youth organization that can adopt this method of anonymous programming is the Boys and Girls Club of America, a community-based nonprofit organization that promotes positive youth development through various after-school and extracurricular activities (Anderson-

Butcher, Newsome, & Ferrari, 2002). Members of the Boys and Girls Club of America include youth of ages 6-18, with about 60% of them being eligible for free- or reduced-price school lunches, this being a significant predictor of low socioeconomic status (Boys and Girls Club of America, 2016). Roughly half of the population are boys and, on any given day, 438,000 children and adolescents attend a Boys and Girls Club (Boys and Girls Club of America, 2016).

Elevated Thought, an art and social justice nonprofit located in Lawrence, Massachusetts, is another organization that can use art to tend to the mental health needs of the youth it serves. Elevated Thought offers art workshops to Lawrence students, funds an annual college art scholarship, and engages in various beautification projects throughout the city (Blackwood, 2017). The organization is rooted in education as well as creating a new narrative of Lawrence through a platform of art, activism, and mentorship (Blackwood, 2017).

Through organizations such as the Boys and Girls Club of America and Elevated Thought, Latino youth can use art as a medium of self-expression in a safe space. Enticing them out of isolation, these organizations can use anonymous, creative programming to support youth with their daily anxieties (Wallset al., 2016). An example of this would be to ask youth to create an art piece of their choice, disclosing any deep thought, emotion, or secret that they would not feel comfortable doing so without being anonymous. Using this platform of anonymity, youth can honestly articulate things that may be affecting their mental health. Through self-awareness, youth can begin to build aspects of resilience, such as coping skills and self-esteem (Coholic, 2011). Lastly, by completing the assignment, the youth will benefit from understanding the achievement of a goal, thus providing them with a sense of empowerment and purpose (Miner-Romanoff, 2016). With access to a safe space like the Boys and Girls Club or Elevated Thought

that promotes mental health in its programming may help alleviate the stigmas associated with needing and receiving help.

Project Plan

During the event, youth share their understanding and perceptions of mental health in their community through an anonymous survey and a facilitated discussion. Through this discussion and a collaborative art piece created by Elevated Thought artists, youth will utilize reflective practices, deep thinking skills and introspection to assess their needs and the needs of their community regarding mental health.

Situation Statement

The purpose of this project is to facilitate a discussion on mental health and art as an outlet for one's emotions. In addition, this project consisted of a collaborative art project where Elevated Thought artists created a piece based on the themes and words that emerged throughout the discussion, specifically on who the youth are behind closed doors and what mental health means to them. Through creative dialogue, honesty and empathy, the youth involved will be encouraged to reflect on their understanding of mental health, the stigma behind it, and how art can act as a positive outlet for emotions. This event will work to examine the knowledge and culture of youth throughout Lawrence, also allowing the Elevated Thought to determine the needs of the population and create programming that will be beneficial for that population.

Define Your Goals

- Promote self-reflection and introspection through discussing mental health and the stigma attached to it

- Create awareness throughout Lawrence with an art piece that encompasses how the youth in the community understand who they are and what mental health means to them
- Analyze the level of understanding of mental health, including the basic definition of the term, the stigma, and the myths and realities of mental illnesses.

Target Audience and Stakeholders

Primarily, the targeted audience for this project are the youth of Lawrence, Massachusetts as they will reap the benefits of expressing themselves through the discussion. In addition, Elevated Thought administration and staff, as well as the greater Lawrence community are targeted audiences so that they may better understand the needs of the youth in the community.

A key stakeholder for this project is Elevated Thought as they have provided the space for the discussion as well as their time and efforts to create the collaborative art project. More importantly, the youth of Lawrence, Massachusetts are a critical stakeholder to this project as the entirety of this project relies on their thoughts and feelings shared during the discussion.

Crafting a Clear Message

Youth of low-income children are slightly more likely to have reported mental health conditions or concerns than higher-income children (Glier, 2012), and of those with mental health needs, 70% do not receive needed care (Chandra & Minkovitz, 2006). According to Lawrence Public Schools (2017), 64.9% of students are economically disadvantaged, meaning that many of these students may not be receiving the mental health treatment they need. Further, there is a stigma attached to mental health, as well as cultural differences, that prevent youth from openly and honestly expressing their emotions.

Incentives for Engagement

Stakeholder: Elevated Thought (organization)

Incentive: This project is cost-effective, requiring little time and little money. It is a simple tool to analyze how Lawrence youth cope with their emotions. In addition, it will provide a wide scope of the needs of the youth at the facility that will allow the administration to determine what areas of healthy living they may need to improve or create to address these needs. Lastly, it will serve as an additional collaborative art project that Elevated Thought artists can produce and exhibit.

Stakeholder: Lawrence youth

Incentive: This project promotes self-expression, allowing the youth to openly disclose information that they may not feel comfortable doing so otherwise. Youth are welcome to use art as a tool to communicate how they feel and what they do when they experience emotions, such as anger, happiness, or sadness.

Identify Outreach Methods

Outreach methods will consist of regular phone calls, texts and emails with Marquis Victor and other Elevated Thought artists. Monthly meetings at Elevated Thought will also be held to discuss project goals and assess any complications that may arise. Marketing materials regarding the event were posted on the Elevated Thought website, as well as their social media accounts including Facebook, Instagram and Twitter. Further outreach methods included reaching out to other youth organizations, such as Si, Se Puede and Lawrence Arts House, as well as local businesses such as Él Taller.

Responsibilities Chart

NAME	ORGANIZATION OR AFFILIATION	RESPONSIBILITIES
Jessica DeAlmeida, B.A. Merrimack College, M.Ed. in Community Engagement, Graduate Fellow	Merrimack College School of Education, Graduate Student in Community Engagement	<ul style="list-style-type: none"> - Create and edit outline for discussion - Meet bi-weekly with Marquis V. - Collect materials for discussion: surveys and art pieces - Facilitate discussion, ensuring that it is a welcoming and safe environment
Marquis Victor President / Executive Director 978.420.7920 www.elevatedthought.org	Elevated Thought	<ul style="list-style-type: none"> - Assist in marketing for the event on social media and via word of mouth - Provide space for discussion - Create final art piece based on the community discussion

Tools/Measure to Assess Progress

Various tools will be utilized to assess the progress of this capstone project, including minutes from bi-weekly meetings with Marquis Victor, the Executive Director of Elevated Thought, as well as emails and other forms of communication. In addition, the number of surveys collected at the discussion and notes based on the comments exchanged by the youth will serve as data collection materials. Lastly, the collaborative art piece created based on the discussion will also serve as a tool to assess the discussion and its impact.

Implementation Timeline

January 2018	- Secure Elevated Thought collaboration	
February 2018	<ul style="list-style-type: none"> - Meetings with Marquis to discuss goals for capstone - Meet with Elevated Thought youth to introduce secrets and mental health 	
March 2018	<ul style="list-style-type: none"> - Meetings with Marquis and Elevated Thought artists to discuss collaborative art piece - Design marketing materials - Share event advertisement with local stakeholders, such as other youth organizations and local businesses 	
April 2018	Week One	<ul style="list-style-type: none"> - Determine survey to analyze stigma of mental health - Collect pieces of art to use in facilitated discussion
	Week Two	<ul style="list-style-type: none"> - Compile survey responses and code in Excel - Review discussion notes and separate into themes and categories
	Week Three	<ul style="list-style-type: none"> - Meet with Elevated Thought to review evaluations - Send out thank-you notes
May 2018	<ul style="list-style-type: none"> - Present findings at 2018 Research and Creative Achievement Conference - Complete capstone 	

Logical Framework

I will...	facilitate a community art project with Elevated Thought in Lawrence, MA.
So that...	youth can <i>anonymously</i> and <i>honestly</i> express various emotions, thoughts, and feelings.
So that...	youth can practice self-reflection when expressing their feelings and empathy when viewing the feelings of others.

So that...	Elevated Thought administration can determine the needs of the youth based on their expressed thoughts.
So that...	the Elevated Thought youth can feel heard and empowered.
So that...	Positive youth development and mental health awareness are increased at Elevated Thought.
So that...	Youth and families can become more aware of the topic of mental health.
So that...	Youth can receive the resources and services they may need.
So that...	Mental health awareness will increase in the community.
So that...	Schools and local organizations will change policies to promote mental health.
So that...	More resources and effective services will be readily available for children and families.
So that...	The community will be healthier and have more engaged members.

Methodology

For this project, a facilitate discussion on mental health and art as an outlet for one's emotions occurred at Elevated Thought, a youth and social justice organization in Lawrence, Massachusetts. Through creative dialogue, the youth involved successfully reflected on their understanding of mental health, the stigma behind it, and how art can act as a positive outlet for emotions, primarily as a substitution for positive relationships with adults that they lack.

Participants

Nineteen youth in middle school or high school from Lawrence, Massachusetts participated in this study as a part of Elevated Thought programming. The participants were

ethnically diverse and identify themselves most commonly as Latino or African American. Their ages ranged from 13 to 20.

Materials

With a flyer pertaining to the project (see Appendix A), students were asked to attend an open youth discussion on art and mental health at Elevated Thought at the Everett Mills on 15 Union Street in Lawrence, Massachusetts. The event took place in an open room with plenty of seating. The seats were set up in a circle, the default set up of the room.

A Personal Attitudes Survey was distributed to examine the understanding of mental health and the stigma it carries among the group (see Appendix B). In addition, five pieces of art (see Appendix C), ranging from photography to paintings and poetry were used for youth to analyze and decipher the feelings of the artists behind the art. Lastly, supplied by Elevated Thought were art supplies, such as a 30 x 40 canvas in order to create a collective art project based on notes from the discussion and who the youth feel they are behind closed doors.

Procedures

This project took place over two weeks. During the first week, all materials were gathered in preparation for the discussion. Materials collected included the survey, the flyer to solicit participants, examples of art pieces to be used in the discussion, and art supplies for the collective art piece created by Elevated Thought artists.

The exhibition will take place at Elevated Thought. Doors will open at 4:30 PM and pizza was provided. At 5:00, youth were encouraged to eat before, during, and after the discussion. At 5:15, the facilitator was introduced by the Executive Director of Elevated Thought, Marquis Victor. The facilitator then welcomed everyone to the discussion, introducing her academic background and interests. It was disclosed before the discussion began that all comments would

be kept confidential, that Elevated Thought is a safe space where all can share what is on their mind and they would not be judged or oppressed. Before the discussion officially started, the group was asked to complete the survey, anonymously. All attendees were given various opportunities to both reflect and provide feedback to the various questions and pieces of art shared. Contemporary Hip Hop and R&B played lightly in the background during the discussion per the request of the group.

Finally, at the end of the discussion, the youth discussed their answers to the question, “Who are you behind closed doors?” Through this discussion, Elevated Thought artists created sketches of an art piece, asking and allowing the group to make suggestions. At 6:55, the discussion officially concluded with a closing message and thank you to attendees. Elevated Thought remained open and youth were encouraged and welcome to stay and mingle with each other.

Results

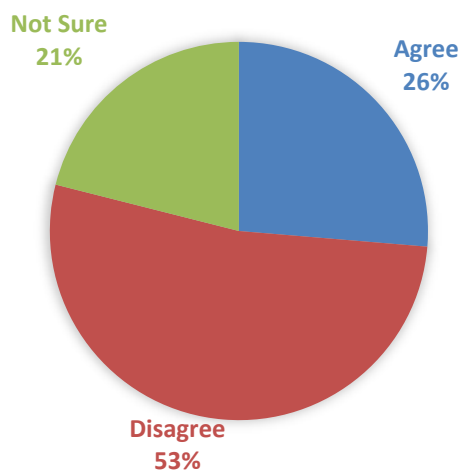
On April 17, 2018, nineteen youth participated in a facilitated discussion on mental health and art as an outlet for one’s emotions occurred at Elevated Thought, a youth and social justice organization in Lawrence, Massachusetts. Four themes that emerged during this discussion were: 1) Community and Institutions, 2) Lack of Access, 3) Mistrust and Stigma, 4) Art and Self. Through creative dialogue, the youth involved successfully reflected on their understanding of mental health, the stigma behind it, and how art can act as a positive outlet for emotions, primarily as a substitution for positive relationships with adults that they lack.

Personal Attitudes Survey

Overall, the results of the survey showed that the participants had a decent understanding of mental health and were fully aware of the stigma it carries it. Of the 19 participants, all 19 completed the pre-survey. Participant ages ranged from 13, with the youngest being in 7th grade, to 20.

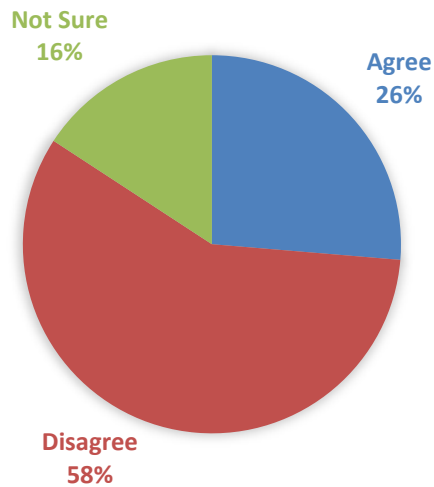
Ten of the participants reported that they disagree with the statement, “People should work out their own mental health problems” and 5 participants reported that they agree; the remaining 4 participants reported that they were not sure.

Figure 1. People should work out their own mental health problems.



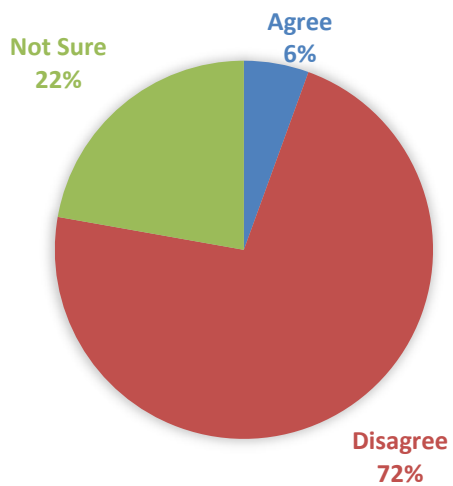
Eleven of the participants reported that they disagree with the statement, “Once you have a mental illness, you have it for life,” 5 participants reported that they agree, and 3 participants reported that they were not sure.

Figure 2. *Once you have a mental illness, you have it for life.*



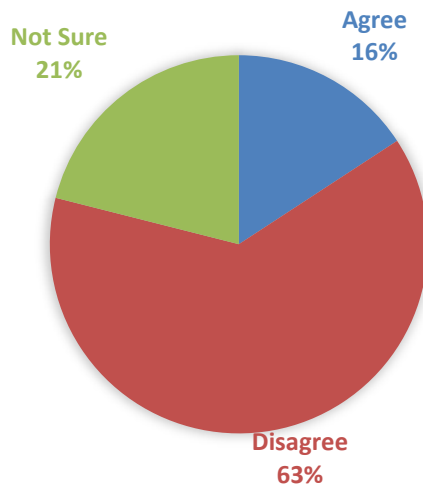
Thirteen of the participants reported that they disagree with the statement, “Females are more likely to have a mental illness than are males,” 1 participant reported that they agree, and 5 participants reported that they were not sure.

Figure 3. *Females are more likely to have a mental illness than are males.*



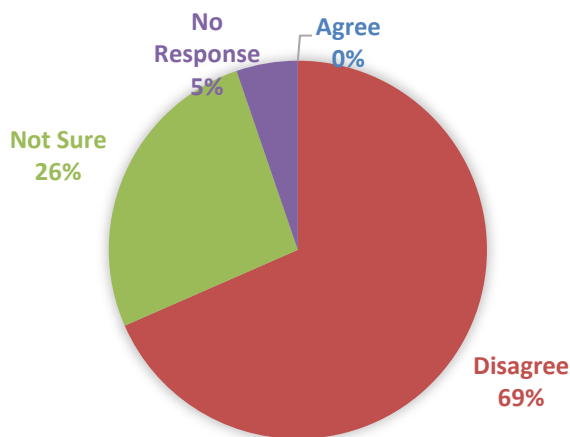
Twelve of the participants reported that they disagree with the statement, “Medication is the best treatment for mental illness,” 3 reported that they agree, and 4 of the participants reported that they were not sure.

Figure 4. Medication is the best treatment for mental illness.



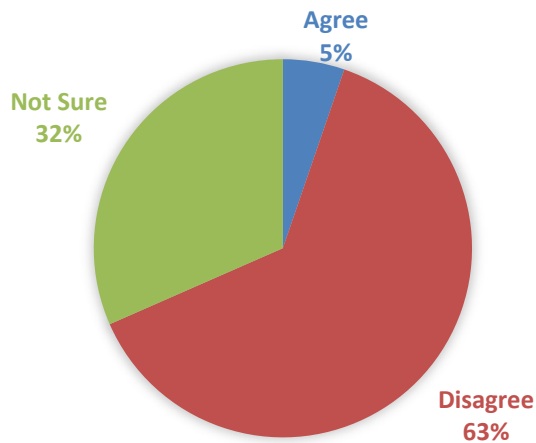
Thirteen of the participants reported that they disagree with the statement, “People with a mental illness are generally violent and dangerous,” no participants reported that they agree, and 5 reported that they were not sure. One person did not respond.

Figure 5. People with a mental illness are generally violent and dangerous.



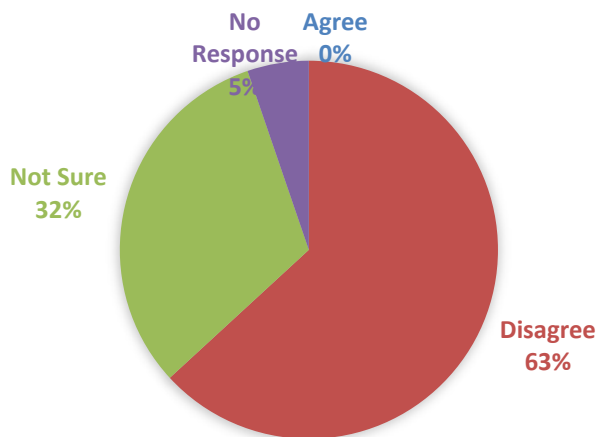
Twelve of the participants reported that they disagree with the statement, “Adults are more likely than teenagers to have a mental illness,” 1 participant reported that they agree, and 6 participants reported that they were not sure.

Figure 6. Adults are more likely than teenagers to have a mental illness.



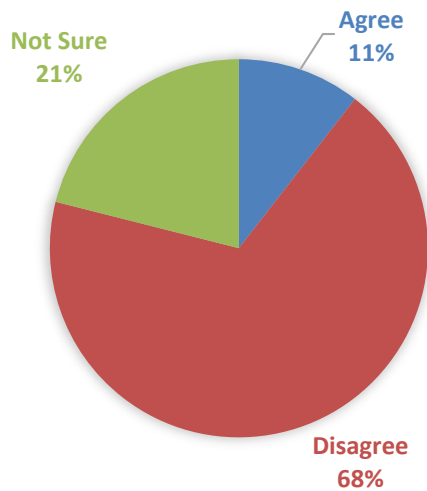
Twelve of the participants reported that they disagree with the statement, “You can tell by looking at people whether they have a mental illness,” none of the participants reported that they agree, 6 participants reported that they were not sure, and 1 person did not respond.

Figure 7. You can tell by looking at people whether they have a mental illness.



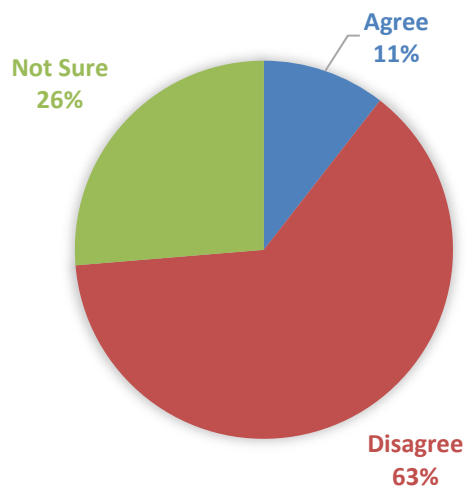
Thirteen of the participants reported that they disagree with the statement, “People with a mental illness are generally quiet and shy,” 2 of the participants reported that they agree, and 4 reported that they were not sure.

Figure 8. *People with a mental illness are generally quiet and shy.*



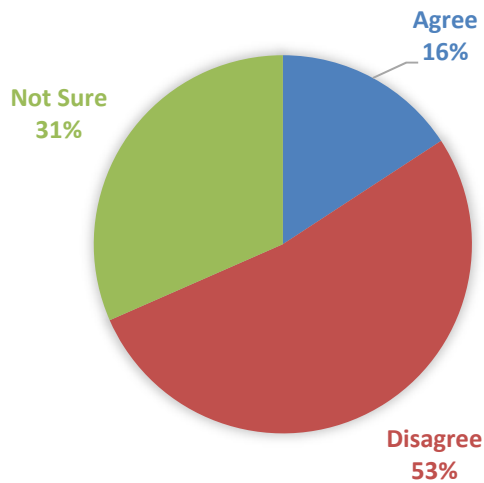
Twelve of the participants reported that they disagree with the statement, “Mental illness only happens to certain kinds of people,” 2 of the participants reported that they agree, and 5 reported that they were not sure.

Figure 9. *Mental illness only happens to certain kinds of people.*



Ten of the participants reported that they disagree with the statement, “Most people will never be affected by mental illness,” 3 of the participants reported that they agree, and 6 reported that they were not sure.

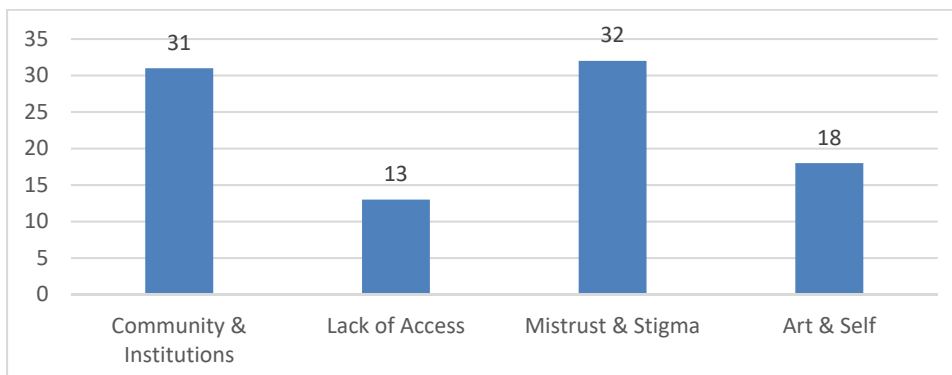
Figure 10. Most people will never be affected by mental illness.



Facilitated Discussion

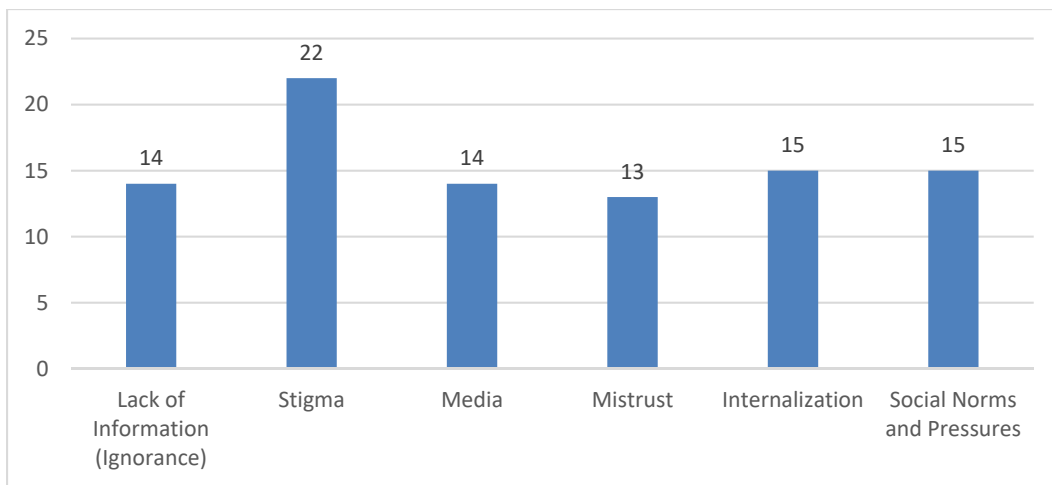
Questions that guided the discussion were the following: What is mental health? What is stigma? Would you be more open sharing how you felt if you could do so anonymously? In addition, the group was asked to select a piece of art from the options provided (see Appendix C) that speaks to them the most, then deciphering what the artist might have been feeling. The youth then shared their thoughts on the feelings of the artists and the overall messaging of the art pieces. Throughout the discussion, four themes emerged: 1) Community and Institutions, 2) Lack of Access, 3) Mistrust and Stigma, 4) Art and Self.

Figure 11. Prevalence of each theme throughout the discussion.



Comments throughout the facilitated discussion fell under the following categories: competency, lack of information and ignorance, community, stigma, media, race, mistrust, internalization, education, perception, family, reflection, anonymity and expression, vulnerability, exposure, and social norms and pressure. Of these, the most common were lack of information and ignorance, stigma, media, mistrust, internalization, and social norms and pressures.

Figure 12. Prevalence of the most common categories throughout the discussion.



Discussion

The purpose of this project is to facilitate a discussion on mental health and art as an outlet for one's emotions. Further, the purpose is to create a community art project as a result of the discussion with Elevated Thought, a Lawrence-based art organization, specifically on who the youth are behind closed doors and what mental health means to them. Overall, attitudes and perceptions of youth in Lawrence, Massachusetts show that they generally understand the topic of mental health and the stigma it carries and that there is an overwhelming lack of information

in the various institutions in their community. In addition, the group broadly agreed that art is an effective tool as an outlet for one's emotions, usually as a result of the various barriers to talking with a professional in their community. Based on the results from the Personal Attitudes Survey, approximately half of the youth disagreed with common myths of mental illnesses, thus exhibiting that while there is a positive understanding of mental health for some, there is still a great need for more information.

An analysis of notes taken during the facilitated discussion revealed several key findings relating to the perceptions of mental health in the Lawrence community and specific barriers that impede youth from receiving sufficient information and access to mental health resources. Themes that were present throughout the discussion include 1) Community and Institutions, 2) Lack of Access, 3) Mistrust and Stigma, 4) Art and Self.

Throughout the discussion, various comments alluded to the different barriers youth encounter when attempting to receive adequate information about mental health. Specifically, there was a general understanding among the group that institutions within their community such as family, school and social norms overall, do not discuss mental health due to ignorance or the stigma it carries. At the beginning of the discussion, there were little to no responses when youth participants were asked the initial question, "What is mental health?" When asked if they had heard the term "mental health" prior to this conversation, all youth expressed that they had, but they simply did not know how to define it. One youth answered saying, "It's not considered a topic important enough to discuss at school." Another youth said, "We're not given enough tools to understand what it is."

There was a wide agreement across the participants that teachers, friends and families alike do not discuss mental health for a few reasons. First, it is simply not a topic that is

understood enough to be brought up or thoroughly explored. In the case of family, while the group agreed on the role ignorance plays with the topic, not all agreed that this was the case when family history was introduced. On one hand, some youth felt that parents were more likely to openly talk about mental health if someone in their family had a history of a mental illness; however, on the other hand, some felt that their parents were more likely to ignore the topic of mental health if there was a family history of mental illness and pretend it does not exist. For those who felt that their families were more likely to ignore the topic felt this way, not only because of a lack of understanding on the topic, but also due to cultural norms and the stigma of mental illnesses within the Latino community.

Lastly, a conversation on social media and the pressure to conform to social norms inevitably took place during the discussion. Social media, being “all about the numbers,” as one youth explained, creates this template of what is acceptable to society and all youth agreed that, sadly, this template does not include mental health. One youth expressed, “I feel the need to make my Instagram look perfect.” Regardless, the group agreed that, even if their own personal pages were honest and authentic to who they are, it is still easier to find content on social media that makes them feel negatively about themselves than it is to find uplifting content.

Throughout the discussion there was an overwhelming agreement on the lack of access to quality information on mental health. In schools, youth felt that they did not feel comfortable approaching their teachers with mental health concerns because they did not trust them (a theme that will be discussed in the following section), but also because their teachers were not equipped to support them. One youth explained, “Teachers need a class on how to deal with the mental health of their students.” In general, participants agreed that people don’t try to help because they

don't know how, and that they would visit a counselor or therapist if one was readily available and accessible.

When discussing mental health, various assumptions are bound to surface. The group accurately explain stigma as something “having a negative connotation,” generally the reason why most people do not feel comfortable enough talking about their emotions and challenges. Examples of negative assumptions that feed into the stigma of mental health included: being labeled as “crazy,” being on and off medication, and being admitted to a psychiatric facility.

More specifically, the group discussed the role of media and the influence it has in perpetuating the stigma of mental health. One youth mentioned the mass shooting that occurred on February 14, 2018 at Marjory Stoneman Douglas High School in Parkland, Florida. This youth explained that, not only does the media negatively portray mental illnesses, but there are also racial disparities, especially in the news. During the discussion, youth expressed that they felt the media was quick to defend the Caucasian as mentally ill, but that it would not have been the case if the shooter identified with a racial minority. Further, the group felt that, nowadays, the media is quick to blame the mental health of someone who committed a crime, thus portraying that people with a mental illness are typically violent and dangerous.

On another note, there was an overwhelming consensus among the group that teachers cannot be trusted with sensitive information. As mentioned previously, youth felt that teachers are not adequately equipped with the tools to deal with the mental health concerns of their students. One youth openly expressed that teachers are *chismosos*, or gossipers. The group agreed, explaining that teachers live their lives through the lives of their students, thus forgetting that they should act as role models and not their peers.

All and all, youth reflected and articulated their perceptions and general understanding of mental health. Over the course of the discussion, the youth practiced introspection and effectively disclosed their feelings on discussing their emotions and mental health concerns with an adult or professional. At first, most agreed that they would prefer talking about their emotions anonymously because it feels safer. The youth who felt this way explained that expressing oneself anonymously keeps a barrier and allows them to not feel exposed. Contrarily, other youth argued against this, as they believed being exposed and uncomfortable is an important part of personal growth and development. One youth explained, “You have to be vulnerable to grow. I have heard a someone say before... ‘You need to be broken down to be built back up.’ The same way, you can’t transform without being vulnerable.”

One method that all youth agreed they use to be vulnerable and wholly express themselves is through art. While some youth considered themselves more artistic than others, the consensus was that it is easier to express oneself through art than verbally. One youth said, “Art allows me to self-reflect.” When youth were asked to choose a piece of art and decipher the meaning and feelings of the artists, one youth chose Frida Kahlo’s piece *The Two Fridas*. This youth explained, “I can show a different personality with art, just like in this piece. There’s the careful side that I show to everyone else versus the careless side I show with art.”

The youth discussed that the reason they turn to art to express their innermost emotions and thoughts is because they do not have many positive adult relationships, especially at school. Further, some of the youth agreed that they would feel more comfortable talking to an adult that they did not know and would not tell others about their concerns.

Limitations

Due to unforeseen circumstances, the timeline of this discussion did not allow for adequate marketing and preparation. While the original idea of this project was to create a community art mural based on anonymous art submissions received over a period, various conditions did not allow for this original project to succeed. In the future, it may be pertinent for all stakeholders involved to contractually agree to specific responsibilities. Further, the project organizer should consider collaborating with more than one youth organization, even if such organization is not specific to art, as the youth involved can still create submissions and/or participate in the facilitated discussion. Future project designs may benefit from including a facilitated discussion in an affluent community so that questions of race and socioeconomic status can be considered in the data. In addition, future projects should include in the project plan a cohesive marketing and advertising plan.

Implications

With the right resources and support, all youth can succeed. Unfortunately, most underrepresented communities lack the adequate tools to support the youth, especially regarding their mental health. Not only are there inadequate tools missing for mental health support, but there are various cultural and social barriers in place that do not allow the youth to wholly and honestly express themselves in a healthy way. For this reason, these inner emotions often become *clandestine*, kept secret, unless they are expressed in other ways, such as art.

With the understanding that Lawrence Public Schools was under state receivership from 2011 to 2017 for being considered an underperforming district, it is expected that the schools in this city continue to lack the adequate resources and training to promote mental health. Schools are arguably the place where young people spend most their time, an optimal place to foster

youth development. Without connections and positive relationships, especially with adults, youth development cannot truly occur. Various research shows that positive relationships with adults can have an outstanding effect on the lives of young people. If students do not feel comfortable with their teachers, then schools cannot adequately promote youth development. Unfortunately, with various challenges ranging from leadership to policies, not all schools foster youth development, thus proving that there is a strong need for organizations that can fill this gap.

A major takeaway from this project is that youth tend to be open to insightful and thought-provoking discussions if the space is provided for them to do so. Schools and community organizations alike must be trained to appropriately create these safe spaces for youth to engage in positive conversations that approach topics of mental health and wellness. By setting the foundation with a positive relationship with an adult, teachers can then act as mentors and promote competence and contribution in these safe spaces, allowing the youth to build their character and their overall confidence. One way schools can promote mental health and safe spaces for youth to wholly and safely express themselves is to create and refine any school-based health centers. “Young people with access to mental health services in school-based health centers are 10 times more likely to seek care for mental health or substance abuse than those who do not” (Kaplan, Calonge, Guernsey, & Hanrahan, 1998).

In conclusion, this project not only confirmed that Latino youth in underrepresented communities lack access and information to mental health resources, but specifically clarified that schools are the main location where can youth development and mental health awareness can be promoted, often more influential than one’s family. For this reason, it is imperative that there be more of a push for mental health services within schools so that mental health can be addressed as early as possible. However, this can only happen if all faculty and staff remember

that each student is more than a number and that the power for them to succeed lies in the example and trust that is projected.

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Appendix A: Event Flyer



MERRIMACK COLLEGE
ELEVATED THOUGHT

APRIL 17, 2018 • 5:00 PM

ART & MENTAL HEALTH YOUTH DISCUSSION

EVERETT MILLS
15 UNION ST.
MILL F. SUITE 42G.
LAWRENCE, MA 01840

Appendix B: Post-Event Survey**Activity 2 Survey****Personal Attitudes Survey**

Check the most appropriate answer

- 1 People should work out their own mental health problems.

☐ Agree
☐ Disagree
☐ Not sure

- 6 Adults are more likely than teenagers to have a mental illness.

☐ Agree
☐ Disagree
☐ Not sure

- 2 Once you have a mental illness, you have it for life.

☐ Agree
☐ Disagree
☐ Not sure

- 7 You can tell by looking at people whether they have a mental illness.

☐ Agree
☐ Disagree
☐ Not sure

- 3 Females are more likely to have a mental illness than are males.

☐ Agree
☐ Disagree
☐ Not sure

- 8 People with a mental illness are generally shy and quiet.

☐ Agree
☐ Disagree
☐ Not sure

- 4 Medication is the best treatment for mental illness.

☐ Agree
☐ Disagree
☐ Not sure

- 9 Mental illness only happens to certain kinds of people.

☐ Agree
☐ Disagree
☐ Not sure

- 5 People with a mental illness are generally violent and dangerous.

☐ Agree
☐ Disagree
☐ Not sure

- 10 Most people will never be affected by mental illness.

☐ Agree
☐ Disagree
☐ Not sure

Appendix C: Art Pieces



John William Keedy, "It's Hardly Noticeable"



John Yuyi

I am not like other people.
I am burning in hell.
The hell of myself.

Charles Bukowski

The whole culture
is telling you to hurry,
while
the art tells
you
to take
your
time.

Always listen to the art.
Juno Diaz



Frida Kahlo, "The Two Fridas"